U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

73 1100	LLY BEFORE PREPARING THIS REPORT.
E AUG 152005	
1. File Number U - 6987	2 Fiscal Very Coursed From:
1. File Number 0 - 0 / 0 /	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name ANGELA DOYLE	Name NEW YORK'S HEALTH&HUMAN SERVICE UNION 1199SEIU
	Labor Organization File Number 031-847
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 310 W. 43rd STREET	Street 310 W. 43rd STREET
City NEW YORK	City NEW YORK
State New York ZIP Code + 4 10036	State New York ZIP Code + 4 10036-6407
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the excl A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	usions set forth in the instructions): derived income or other economic benefit of ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Namé	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	11 11
State ZIP Code + 4	
State ZIP Code + 4	Representation and assessment and assessment and assessment and assessment as a second as
State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	nature Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the
State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	nature Ferjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing ANGELA DOYLE	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or income dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name 1199 NATIONAL BENEFIT FUND*	Rimonach
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 330 W. 42nd STREET	c. Employer
City INEW YORK	·
State New York ZIP Code + 4 10036	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PROVIDING VARIOUS HEALTH AND WELFARE BENEFITS TO EMPLOYEES COVERED BY 1199'S COLLECTIVE BARGAINING AGREEMENTS.
Trade Name, if any:	*THE 1199 NATIONAL BENEFIT FUND IS THE PAYING AGENT
P.O. Box, Bldg., Room No., if any	FOR TRUSTEE CONFERENCES AND MEETINGS FOR SEVERAL FUNDS.
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State State State	AS A TRUSTEE OF THE 1199 NATIONAL BENEFIT FUND I ATTENDED A TRUSTEES MEETING FOR WHICH I RECEIVED LODGING, MEALS AND OTHER CONFERENCE-RELATED EXPENSES.
	12.b. Amount. \$792
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing ANGELA DOYLE		File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name 1199 HOSPITAL LEAGUE PLANNING&PLACEMENT FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 330 W. 42nd STREET City NEW YORK State New York ZIP Code + 4 10036	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4	PROVIDES INDUSTRY JOB PLANNING AND SERVICES FOR EMPLOYEES COVERED BY BARGAINING AGREEMENTS	
выполнение не поднетовене на полнение на полнение полнени	11.b. Approximate dollar value of such dealing.	
	AS A TRUSTEE OF THE 1199 HOSPITAL CARE INDUSTRY PLANNING AND PLACEMI ATTENDED A CONFERENCE FOR WHICH I LODGING AND OTHER CONFERENCE-RELATIONS.	ENT FUND, I RECEIVED TRAVEL,
	12.b. Amount.	\$1,134

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Name of Person Filing ANGELA	4 DOYLE		File Number U -
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name HOSPITAL LEAGUE/1199 TRAINING&UPGRADING FUND Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 330 W. 42nd STREET	c. Employer	
City NEW YORK		
State New York ZIP Code + 4 10036		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PROVIDES VARIOUS JOB TRAINING AND BENEFITS TO EMPLOYEES COVERED BY 1 BARGAINING AGREEMENTS	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
		a stadion de mon consum frontem de syngologico de viero a statul manifello e en
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	ennemanne-somewherennem er en station en et alle en
	AS A TRUSTEE FOR THE HOSPITAL LEAG AND UPGRADING FUND, THE 1199 HOSPI CARE INDUSTRY PLANNING & PLACEMENT 1199 JOB SECURITY FUND, I ATTENDED MEETING FOR WHICH I RECEIVED EXPENSE MEALS	TAL LEAGUE HEALTH FUND AND THE A TRUSTEES
	12.b. Amount.	\$467